

## TRAINING BENEFITS INFORMATION

Fill out the attached form to apply for Training Benefits. We will also use your completed Training Benefits application to see if you can be approved for Commissioner Approved Training (CAT). You will receive two (2) decisions once we process your application, one for Training Benefits and the other for CAT.

### **TRAINING BENEFITS DEFINED**

Training Benefits are extra weeks of benefits paid after regular unemployment have benefits run out. Training benefits are paid to people who have lost their jobs and are in an approved full-time training program.

Training Benefits do not pay for tuition, books or school fees. You can only be paid Training Benefits while enrolled in school full-time and making good progress in your approved training program, as certified by the school.

You may run out of Training Benefits before you finish training, depending on how long your training is and the dollar amount of your unemployment benefits. See Attachment A to figure out how many weeks of unemployment benefits you may be able to receive while in training. To learn more about Training Benefits, look on the Internet at: [tbfaq.go2ui.com](http://tbfaq.go2ui.com).

### **DEADLINES**

You have **60 days** to turn in a Training Benefits application from the date you get the Unemployment Claims Kit pamphlet in the mail. This pamphlet talks about Training Benefits and is mailed to you when you open your unemployment claim.

You have **90 days** from the date you receive your Unemployment Claims Kit to enroll in training. If you cannot enroll in training within 90 days, you must enroll as soon as it is offered. If you return to work after opening your unemployment claim and are laid off again, the 60 and 90-day deadlines start over beginning with the date you reopen your unemployment claim.

**You will be denied Training Benefits if you do not meet the 60 or 90-day deadline.**

### **FILING ASSISTANCE**

If you need help filling out your application, visit your school Worker Retraining counselor or go to your local WorkSource Office or Affiliate, or your local employment center. To find the WorkSource Office or Affiliate nearest you, look in your Unemployment Claims Kit, visit the Internet at [go2worksource.com](http://go2worksource.com) and click on *WorkSource Offices*, or call **1-877-872-5627**.

### **APPEALS**

You can appeal if you are denied Training Benefits or CAT. Your appeal must be in writing and mailed or postmarked within **30 days** from the mailing date of the denial. To learn more about appeals, look in your Unemployment Claims Kit or on the Internet at [appeal.go2ui.com](http://appeal.go2ui.com).

## COMPLETING THE TRAINING BENEFITS APPLICATION

The attached Training Benefits Application has five (5) sections. Answer all the questions in each section. This includes your signature and the signature of the school representative. We will return your application if it is not complete.

**NOTE: Do not fill out this application if you are already approved for Training Benefits but need to change your training plan. To request a change in your training plan, fill out a Request to Modify Training Plan form. You can get the form at your local WorkSource Office, or you can download it from the Internet at [tbmod.go2ui.com](http://tbmod.go2ui.com).**

1. **DISLOCATED WORKER INFORMATION:** We will use your answers in this section to decide if there is a demand for the kind of work you have been doing. We will also use it to decide if you **need** training to find a good job. We will base those decisions, for the most part, on job lists developed by this department and the Workforce Development Council (WDC) ([www.wilma.org/wdclists](http://www.wilma.org/wdclists)).
2. **TRAINING PROGRAM INFORMATION:** Training must be in a full-time vocational training program that is on the "Eligible Training Provider List" ([www.wtb.wa.gov/etp/](http://www.wtb.wa.gov/etp/)). You cannot be approved for Training Benefits if the school and training program are not on the list. Training must also be for a **high demand** job in your area, or in an area you would be willing to move or commute to work. Lists of **high demand** jobs are found at [www.wilma.org/wdclists](http://www.wilma.org/wdclists). We cannot approve training that leads to a Bachelor's degree or higher unless it is required for certification, licensing, or for specific skills needed for an occupation.
3. **WORK HISTORY:** Show all your jobs for the past five (5) years and describe **in detail** what you did for each employer. We will look at your work history to decide if you have established tenure (see Attachment B-1) and if the type of work you have been doing is in **decline**, as identified by the local WDC ([www.wilma.org/wdclists](http://www.wilma.org/wdclists)).
4. **STUDENT ELIGIBILITY QUESTIONNAIRE:** If you cannot be approved for Training Benefits or Commissioner Approved Training (CAT), we will use your answers in this section to decide if you can be paid unemployment benefits while going to school.
5. **CERTIFICATION:** You and an authorized school representative must sign and date your application. This is to certify that all your answers and information are true and correct.

Drop off your completed application and attachments at your nearest WorkSource Office or local employment center. Or you can mail it to:

Training Benefits  
King County TeleCenter  
PO Box 47076  
Seattle WA 98146-7076

**NOTE: Please paperclip or rubber band your application together. If you must staple your application, please use as few staples as possible.**

## TRAINING BENEFITS APPLICATION

Name:	SSN:
Address (Mailing Address, City, State, Zip)	
Home/Message/Cell Phones:	E Mail Address (optional):

### SECTION 1 - DISLOCATED WORKER INFORMATION

1. My main job is: \_\_\_\_\_ SOC Code (if known): \_\_\_\_\_
2. My job is in **decline** according to the local Workforce Development Council (www.wilma.org/wdclists). Yes f No f  
If **Yes**, attach a screen print of the web page.  
If **No**, attach written material showing you lack the skills to work in your area or area(s) you are willing to move or commute to work.
3. Did you receive a WARN notice (*Worker Adjustment and Retraining Notice*)? Yes f No f  
If **Yes**, name of employer: \_\_\_\_\_  
Date WARN notice mailed: \_\_\_\_\_
4. Do you have a degree or certificate from a prior training program? Yes f No f  
If **Yes**, please provide the following information:  
Name of school: \_\_\_\_\_  
Name of Training Program: \_\_\_\_\_  
Type of degree or certificate earned: \_\_\_\_\_  
When degree or certificate earned: \_\_\_\_\_

### SECTION 2 - TRAINING PROGRAM INFORMATION

1. Name of training program exactly as shown on the Eligible Training Provider List (www.wtb.wa.gov/etp/): \_\_\_\_\_
2. School name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
3. School and training program are on the "Eligible Training Provider List" (www.wtb.wa.gov/etp/)? Yes f No f  
If **Yes**, attach a screen print of the web page.  
If **No**, attach written material showing school **and** training program are approved by the Workforce Training and Education Coordinating Board.
4. Training will **start** (Mo/Date/Yr): \_\_\_\_\_ and **end** (Mo/Date/Yr): \_\_\_\_\_
5. The school considers my training to be full-time? Yes f No f

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

6. This training will lead to a (check all that apply):

☐ Certificate

☐ 2-yr degree

☐ 2-yr transfer degree

☐ 4-yr degree

☐ Higher degree

☐ Other: \_\_\_\_\_

7. Job(s) I will qualify for when I finish training:

Job Title: \_\_\_\_\_

Pay Range: \_\_\_\_\_

\$ \_\_\_\_\_

Job Title: \_\_\_\_\_

Pay Range: \_\_\_\_\_

\$ \_\_\_\_\_

8. Jobs listed in question #7 are in **demand** according to the Workforce Development Council or WDC's in the area(s) to which I am willing to move or commute to work?

Yes ☐

No ☐

If **Yes**, attach a screen print of the web page.

If **No**, attach written material showing that your training will lead to a high demand job.

9. Is your training paid for under a special grant or program, such as WIA, Trade Act, or Worker Retraining?

Yes ☐

No ☐

If **Yes**, provide the following information:

Name of grant/program: \_\_\_\_\_

Counselor/Advisor Name: \_\_\_\_\_

Counselor/Advisor Office (Town/City): \_\_\_\_\_

Counselor/Advisor Phone No.: \_\_\_\_\_

10. Have you received Training Benefits or Timber Retraining Benefits in the last 5 years?

Yes ☐

No ☐

If **Yes**, answer the following questions:

Date last received Training Benefits: \_\_\_\_\_

Name of school: \_\_\_\_\_

Name of training program: \_\_\_\_\_

### **Financial Planning**

You must show that you have the money to complete your training, especially if you will run out of unemployment benefits before you finish training. **Without showing dollar amounts**, tell us how you plan to pay for your school and meet living expenses while you are in training: \_\_\_\_\_

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Name:

SSN:

### SECTION 3 – WORK HISTORY

**Record your work history for the past five (5) years, starting with your last employer. In your job description for each employer, include in detail all the skills, tools, and equipment you used.**

**We will use this information to decide if your current job skills are in decline. We will also use this information to decide if you have established tenure. See Attachment B-1 regarding tenure. Please print or type all your answers.**

<b>Last Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #)	City:	State:	ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	
<b>Next Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #):	City:	State:	ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employ (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	
<b>Next Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #):	City:	State:	ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____	Job Location:		
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employer (check one): <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	

Name:

SSN:

### SECTION 3 – WORK HISTORY (CONT)

<b>Next Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #)		City:	State: ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____		Job Location:	
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employ (check one):  <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	
<b>Next Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #)		City:	State: ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____		Job Location:	
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employer (check one):  <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	
<b>Next Employer:</b>		Job Title:	
Mailing Address (Street # or PO Box #)		City:	State: ZIP:
Dates worked for this employer: From (mm/dd/yy) _____ To (mm/dd/yy) _____		Job Location:	
Job Description (did what, using what, to what?):			
Reason you are no longer working for this employ (check one):  <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Lack of work <input type="checkbox"/> Fired <input type="checkbox"/> Still Employed <input type="checkbox"/> Leave of Absence		Wages earned for this employer were: \$ _____ per hour/month \$ _____ for this period of employment	

Name:

SSN:

## SECTION 4 - STUDENT ELIGIBILITY QUESTIONNAIRE

If you cannot be approved for Commissioner Approved Training (CAT) or Training Benefits, we need to know about your plans and availability for work. We will use this information to decide if you can receive unemployment benefits.

### School Plans

1. What are your school plans if you are **not** approved for CAT and Training Benefits?

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2. Are you currently attending or enrolled in school? Yes ☐ No ☐

If **Yes**, answer the following questions:

- a. Number of credits you are taking or will be taking? \_\_\_\_\_

(Attach a copy of your current enrollment.)

- b. I have spent \$ \_\_\_\_\_ in tuition, books, fees, room, board, and expenses.

- c. I began/will begin this training program on: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- d. I will complete this quarter or term on: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- e. I registered for this quarter or term on: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- f. I am a: ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ N/A

### Availability for Work

1. Have you been and are you now looking for full-time work during the weeks/days you were making a decision about training? Yes ☐ No ☐

- a. If **No**, when did you stop looking for work? \_\_\_\_\_

- b. If **Yes**, attach a copy of your Job Search Log for at least the last 2 weeks.

- c. Do you limit your job search in any way, such as hours you are available to work, only available until school starts, type of work willing to do? Yes ☐ No ☐

2. I can work the following work shifts (check all that apply): ☐ Days ☐ Swing ☐ Graveyard

3. I can work \_\_\_\_\_ hours per week, \_\_\_\_\_ days per week.

4. I spend or will spend a total of \_\_\_\_\_ hours each day in class, class preparation and studying.

Name:

SSN:

5. I can take my classes other hours and the school will let me change at this stage of the school term: Yes f No f

6. I am willing to change or drop my classes if offered full-time work: Yes f No f

If **No**, explain:

7. I am willing to change or drop my classes to stay eligible for unemployment benefits: Yes f No f

If **No**, explain:

8. If offered full-time work that conflicts with my school and I can't change my schedule, I will:

9. I am willing to forfeit my tuition if the school will not give me a refund: Yes f No f

10. In the past I have worked full-time and attended school: Yes f No f

If **Yes**, explain how you managed it:



## SECTION 5 - CERTIFICATION

### **Applicant Certification**

I understand that Training Benefits are subject to the availability of funds at the time I apply. I also understand that the facts I have given on my application may be verified and that I must report any changes in my training plan to my Unemployment Claims TeleCenter as soon as possible. If I am approved for Training Benefits, I understand that if I later change my training program without prior approval of the Employment Security Department, I may be denied Training Benefits and have to pay back any benefits I was not entitled to receive.

I authorize my school counselor or advisor to give the Employment Security Department any information about my school enrollment, attendance, grades, and training program progress.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Training Provider Certification**

I have reviewed Section 2, **Training Program Information**, and certify the following is correct to the best of my knowledge:

- |  |       |      |
|--|-------|------|
| • Training is full-time?                             | Yes f | No f |
| • Training start and end dates are correct as shown? | Yes f | No f |

If **No** to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This facility will certify to applicant's satisfactory progress and enrollment in training? Yes f No f

Date applicant pre-registered or on waiting list to start full-time training? Mo \_\_\_\_\_ Date \_\_\_\_\_ Yr \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**If application received at WorkSource Office or local employment center:**

Specialist Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

## **Types of Unemployment Benefits**

A good training plan includes knowing how much you can receive in unemployment benefits and how long they will last. The information below will help you figure that out.

Unemployment benefits pay in the order and in the amounts as follow:

1. **Regular Unemployment Benefits** – Pays up to 26 times your Weekly Benefit Amount (WBA).

To figure out how many weeks of regular benefits you may receive, divide your WBA into your Maximum Benefits Payable (MBP). You can find your WBA and MBP on the Statement of Wages and Hours form mailed to you shortly after you opened your unemployment claim.

2. **Training Benefits** – Pays up to 52 times your WBA, **minus** any regular benefits paid.
3. **Trade Readjustment Allowances\*** (TRA) – Pays up to 78 times your WBA, **minus** ALL unemployment benefits paid.

**IMPORTANT NOTE: If you have been approved for Trade Readjustment Allowance benefits and your Trade Act Petition number is 50,000 or higher, the order of payment is as follows:**

1. **Regular Benefits** – Pays up to 26 times your WBA.
2. **Trade Readjustment Allowances\*** – Pays up to 104 times your WBA, **minus** ALL unemployment benefits paid. If approved for remedial training, you may receive up to 26 times your WBA in additional TRA benefits. This is in addition to the 104 weeks of TRA benefits.
3. **Training Benefits** – Pays up to 52 times your WBA, **minus** any regular benefits paid.

**\* Not everyone can receive TRA benefits. Check with a Trade Act Counselor at your local WorkSource Office to see if you are eligible.**

## Summary of Training Benefit Laws and Regulations

Below is a partial summary of the Training Benefits laws and regulations. You must meet all the eligibility requirements of these laws and regulations to be approved for Training Benefits.

To see the complete text of the Training Benefit laws (RCW 50.22.150) and regulations (WAC Chapter 192-270) on the Internet go to [rcw50.go2ui.com](http://rcw50.go2ui.com) and [wac192.go2ui.com](http://wac192.go2ui.com).

### Who Is Eligible?

To receive Training Benefits you must be eligible for and have a current unemployment claim or have run out of all your regular unemployment benefits in your current benefit year **and** you must:

- Be a dislocated worker as defined in RCW 50.04.075 (see [rcw50.go2ui.com](http://rcw50.go2ui.com)). This means that if you quit your last job for any reason, you cannot be approved for Training Benefits.
- Show by your work history that you have **tenure** in an occupation or working with a particular skill set. Having tenure means you have earned most of your wages in a particular occupation or using a particular skill set during your base year, and in at least two (2) of the four (4) years immediately before your base year.
- Show there is no suitable work in your local labor market and that you need job-related training to find suitable work in your labor market.
- Show that your training is for a high demand job and that it will improve your marketable skills and earning power.
- Develop and send in a completed Training Benefits application within **60\*** calendar days from the date you get the Unemployment Claims Kit in the mail, which talks about Training Benefits.
- Enter your approved training program within **90\*** calendar days from the date you get the Unemployment Claims Kit in the mail. You receive the Unemployment Claims Kit shortly after you open your unemployment claim. If you cannot get into your approved training program within 90 days, you must enter training as soon as it is available.
- Be enrolled in approved training on a full-time basis as determined by the school, and making satisfactory progress in the training as certified by the school.
- Have the money to complete training if you run out of Training Benefits before you finish training.
- Be qualified and have the aptitude to successfully complete training.

\* If you return to work after opening your unemployment claim and are laid off again, the 60 and 90-day deadlines start over.

## Training Program Defined

Training program means an educational program needed as a prerequisite for an approved vocational training program or a vocational training program that:

- Is targeted to a high demand occupation
- Will likely improve your marketable skills and earning power
- Meets the performance standards developed by the Washington State Workforce Training and Education Coordinating Board

## Unapproved Training Programs

You cannot be approved for Training Benefits if you enter a training program designed solely to meet the requirements of a baccalaureate or higher degree. The only exceptions are training programs designed to meet specific requirements needed for certification, licensing or for specific skills required for an occupation.

## Training for a High Demand Occupation Outside Your Labor Market

You may be approved for Training Benefits in an occupation that is not in demand in your local labor market if:

- The occupation is in high demand in another labor market
- You are willing and able to move or commute to that labor market once you finish training
- There is no demand for your present skills in that labor market

## Modifying Your Training Plan

If you need to make a significant change to your previously approved training plan, you must tell us **before** you make that change. A significant change includes, but is not limited to:

- Changing your course of study or major
- Transferring to another school
- Changing the start or end dates of your training
- Changing the number of credit hours you are taking

In general, you may make **one** significant change to your training plan. Your request to change your training plan must meet the same requirements used to approve your original training plan. If you change your training plan before it is approved and your request is later denied, you cannot receive training benefits for at least **five (5)** years. Also, we consider any benefits you received since you changed that plan overpaid and you will have to pay the money back.

To change your approved training plan, complete a [Request to Modify Training Plan](#) form. You can pick up a form at your nearest WorkSource Office. You can also download and print the form at [tbmod.go2ui.com](http://tbmod.go2ui.com). Mail your completed form to:

**Training Benefits Unit  
King County TeleCenter  
PO Box 47076  
Seattle, WA 98146-7076**

## **TRAINING BENEFITS AND RELATED WEBSITES**

### **Training Program Information**

- Training Benefits: [tbfaq.go2ui.com](http://tbfaq.go2ui.com)
- Commissioner Approved Training: [faq.go2ui.com](http://faq.go2ui.com) (click on question #23)
- Trade Readjustment Allowance: [www.doleta.gov/tradeact](http://www.doleta.gov/tradeact)

### **Occupations Lists**

- Demand/Decline Occupations: [www.wilma.org/wdclists](http://www.wilma.org/wdclists)

### **Approved Schools & Training Programs Lists**

- Eligible Training Provider List: [www.wtb.wa.gov/etp/](http://www.wtb.wa.gov/etp/)

### **Appeal Information**

- Appeals: [appeal.go2ui.com](http://appeal.go2ui.com)

### **Employment Security Offices**

- Unemployment Claims TeleCenter: [www.go2ui.com](http://www.go2ui.com)
- WorkSource Offices, Affiliates & Local Employment Centers: [Go2worksource.com](http://Go2worksource.com) (click on WorkSource Offices)

### **Training Benefits Laws & Regulations**

- Training Benefits Law (RCW 50.22.150): [rcw50.go2ui.com](http://rcw50.go2ui.com) (click on 50.22 Extended Benefits, then click on 50.22.150, Training Benefits)
- Training Benefit Regulations (WAC Chapter 192-270): [wac192.go2ui.com](http://wac192.go2ui.com) (click on 192.270, Training Benefits for Dislocated Workers)

### **Commissioner Approved Training (CAT) & Training Benefits Applications**

- CAT application: [cat.go2ui.com](http://cat.go2ui.com)
- Training Benefits Application: [tbapp.go2ui.com](http://tbapp.go2ui.com)
- Request to Modify Training Plan Application: [tbmod.go2ui.com](http://tbmod.go2ui.com)

